DOCUMENT RESUME

ED 166 921 EC 113 838

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TITLE An Empirical Study Concerning the Incidence, the Diagnosis and the Treatment and Follow-Up of Academically Underachieving Children.
PUB DATE [77]
NOTE 22p.; For related information, see EC 113 837-839

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Academic Achievement; Exceptional Child Research; Followup Studies; *Identification; Intervention; *Program Effectiveness; Therapy; *Underachievers

ABSTRACT

The second of three papers on underachievement reports on identification and treatment of 65 underachievers (9-18 years old). Data is presented on social and economic background, and gains in academic achievement and I.Q. after intervention (behavior therapy, psychotherapy, and eclectic therapy). Five-to-ten-year followup results are said to indicate continuing trends toward higher achievement. (CL)

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ED166921

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PAPER II

AN EMPIRICAL STUDY CONCERNING THE INCIDENCE, THE DIAGNOSIS AND THE TREATMENT AND FOLLOW-UP OF ACADEMICALLY UNDERACHIEVING CHILDREN

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AN EMPIRICAL STUDY

CONCERNING THE INCIDENCE, THE DIAGNOSIS AND THE TREATMENT AND FOLLOW-UP OF ACADEMICALLY UNDERACHIEVING CHILDREN

A INTRODUCTION

Much has been written about academic underachievement due to the excessive pressures which parents sometimes and schools, at other times, put on children. This frequently leads to stresses in the children and it can turn to underfunctioning academically. Parents and others, with the best of intentions, put pressures on children, when such pressure should not be applied. At other times, there is insufficient expectation from the child and too little pressure being applied. This also leads to underfunctioning. In both instances, mistakes occur for at least two main reasons.

No.1 The child is not sufficiently well known and his problems have not been objectively investigated.

No.2 Appropriate and effective skills have not been applied to deal with the problem of the child found to be underfunctioning.

Far too little has been said about the tragedy of underfunctioning among children and adults in all walks of life. What is the reason for many children of school age and the adults they later become, failing to achieve according to their intellectual potential?

It is one of the objectives of this paper to answer this question.

Before answering this point, however, we must turn to the question of how potential ability can be determined and the relative validity of such assessments. Then we will look at a survey of 206 cases and this is followed by a thorough assessment, treatment and follow-up, of a smaller number of children, over a period of 14 years, between 1964 and 1977. Among all these children, underachievement played a part in the child's particular problems and his ultimate destiny depended on whether these problems were sorted out.

Eliminated from the survey were cases which included children with very low I.Q's (below 85) on the Wechsler Intelligence Test for Children, although these might also, in some cases be underachievers. Also, excluded in the sample were children with brain damage, minimal brain damage and dyslexia.

Underachievement, in whatever sphere it occurs, refers to the underfunctioning according to a realistic academic potential which should be expected from a particular child. The child performs below a realistic academic standard or potential, in reading, spelling and mathematics, which the individual would be capable of reaching by reason of his intelligence, as measured by an individually administered Intelligence Test.

Often, but not always, the reason for lack of progress is linked to a great complexity of causes which result in an emotional or motivational block towards learning. This block results, despite the fact that the individual has the ability to succeed at a much higher level. The research concerning this has been gone into in another paper.

We will, in this article, be concerned predominantly with academic or educational underachievement, and will be presenting a number of tables concerning the results of the long study. The results of the study will be presented as general results based on the survey of underachievement in two schools, a primary and a comprehensive school. The "specific results" refer to the experimental work carried out with 65 underachieving children who received psychological and other help, compared with a control sample who received non-expert help.

Few studies exist which seek objectively to diagnose and treat a large number of cases over a period of time and to follow these up. There are obviously many difficulties, including the problem of controlling a large number of variables over a period of time. Failure to maintain such controls means inevitably the invalidity of the research. The children have, furthermore, been followed up, years later, to ascertain whether progress made has been maintained.

One might well ask, 'why make a study of academic underachievement?' Is it not more important to consider whether an individual is happy and well-adjusted to Life?. The answer is at least two-fold:

Firstly, the individual who underachieves in school is frequently frustrated by his own sense of failure. Few have been assessed by objective tests and they themselves don't know whether they could have achieved higher, but failed to do so, <u>not</u> from lack of ability, or because of personal failings such as low interest, or motivation, or deep emotional problems. They are essentially like a high-powered car which can never flex the full musculature of its mechanical strength, because something within it blocks this. They too, fail to achieve, due to a failure to develop and use the full intellectual power which they have.

Underachieving individuals are often unhappy people because they feel unable to reach a level of performance which provides them with self-satisfaction or self-actualization. This is manifested by their inability to progress academically, pass the right examinations, which could in turn assure the appropriate type of occupation in the future.

Secondly, in addition to being a disappointment to themselves, they are lost to the community and society and a disappointment frequently to their parents. They fail to make their potential contribution, because of the inefficient mustering of their own resources. Sometimes they misuse or misdirect their activities into areas which are actually harmful to society and to themselves.

Some use their talents not to improve their own life, or those of their fellow man, but rather from frustration, use their ability towards wasteful or anti-social ends. This, in brief, constitutes the problem of underachievement.

We shall now look briefly at a number of tables which throw some light on who are underachieving children, how they can be diagnosed and how and to what type of treatment they best respond.

I will introduce the reader to the LUMDI (Lowenstein Underachievement Multiphasic Diagnostic Inventory) and the fourteen criteria it measures and which are related to underachievement. This Inventory diagnoses more specifically, the reasons why some individuals underachieve. It is the first time such an inventory has been used in a long term research of this kind.

B METHOD

No.1

The Present Study

The present study concerns itself initially with carrying out a survey of underachievement in two schools (a primary and a comprehensive school). It further concerns itself with diagnosing and treating underfunctioning children. Following the survey, 65 children were studied intensively. The first sample consisted of children aged 9 - 15 (30 subjects); the second, an adolescent group aged 15.1 - 18 (35 subjects), who had done badly on 'O' Level Examinations. In each of the individual cases, a control partner was used for comparison. This partner did not receive the type of treatment by parents, teachers and the psychologist working together. The subjects used as a control had approximately the same age, I.Q., and underachievement disability as the matched members of the experimental group. The control children were also selected at random on the basis of the child nearest in intelligence, age and achievement, to the child used in the experimental group and sitting closest to the underachieving experimental child in the main classroom.

No.2

The Duration of the Study

The duration of the treatment portion of the study was six months and there was a follow-up five to ten years later, depending on the age of the child and when the treatment commenced.

No.3

Assessment of Groups

The assessment was based on three sources:

1. Parental reports
2. Teachers' reports
3. Psychologists' test findings.

The children thought to be underachieving, or identified as having some difficulty in learning, were given a battery of tests consisting of the following:

1. A short form of the Wechsler Intelligence Test for Children

2. Standardised tests:
   (a) for Reading, the Schonell Word Recognition Test was used.
   (b) for Spelling, the Schonell spelling Test was used.
   (c) for Mathematics, the Lowenstein Diagnostic Inventory was used. (a test standardised on 10,000 children in Hampshire Schools).
3. Some observations by teachers and parents on twelve aspects of behaviour were also collected, (see Table 8.)
4. The LUMDI: a test which diagnoses the specific reasons why a particular individual is underachieving, was used with underachieving children who were part of the experimental group, (Table 9.)

No.4

Criteria for Judging Underachievement

The criteria for judging children to be underachieving was taken as the difference between intellectual ability as measured by the Wechsler Intelligence Test for Children, mean verbal performance I.Q. and academic achievement as measured by standardised tests. A child was seen to be underachieving when his Reading, Spelling and Mathematics differed from intelligence level by two years, or more. Therefore, a child with a mean I.Q. of 100 was expected to be reading, spelling and performing in mathematics according to his chronological age. A child with an I.Q. of 115 or higher should be functioning roughly a year in advance of its age; at 130, the child should be about 2 years in advance of its age. With a mean I.Q. of 85, one might expect a child to be functioning approximately one year below his age; an I.Q. of 70 would indicate a normal 2 year retardation in the basic skills.

Scores in between these points were extrapolated according to a standardized set of norms developed by the Psychologist. While there may be many objections to the use of I.Q. tests established learning potential, it is as yet the best measure of potential ability of an objective variety, at any rate, which exists today.

C TREATMENT PROCEDURES

No.1 Results and Conclusions

The treatment of the underachieving experimental group was carried out by: the Psychologist, some of the parents and the teachers, working closely as a team. This makes it difficult to establish which source and which method produced the greatest, and which the most limited effect in the different subjects. Nevertheless, given a situation of applied, rather than pure research, this is often of less importance, since the object is two-fold:

1. To effect a change which will justify the experiment being carried out in the first place:
2. To treat the subjects within a complex but "normal" environment where rigid controls are difficult, if not impossible, to operate.

There is also the fact that ethically such experiments are at least in part, justified by the positive results they bring.

The treatment approach is followed by each member of the co-operating team. A detailed account is given in a single case study elsewhere. The contribution leading to treatment, came from the following sources:

1. Parents' Contribution

   One or both parents increased their positive interest in the child. They showed such interest by backing up and praising both the child, for his effort, and the Teacher and Psychologist.
   In many cases, the parents were entrusted with the task of providing individual help in particular cases, such as Reading, Spelling and Mathematics. They were also instrumental in selecting the kind of reward or incentive which might be used to gain the co-operation of the child, and keep it. The parental contribution was carried out under the direction of the Psychologist.

2. The Teacher's Contribution

   The Teacher worked closely with both the Parents and the Psychologist. They "kept in touch" with one another, and communicated when the child made progress and when there appeared to be a plateau or regression. The Teacher, in addition to

seeking to establish and maintain a warm, positive and constructive attitude towards the underachieving child, knew a great deal about the child, as especially as to functioning intelligence, supposed degree of underachievement, temperament and the home background. The Teacher used methods regarded as those most likely to succeed with a particular child. There was frequent interchange between the Teacher and the other members of the team.

Among the methods used by the teacher were:

(a) A close and supportive relationship with the child.
(b) A personal incentive scheme developed for the particular child.
(c) A personal reinforcement scheme consisting of verbal reinforcement, (praise, material reinforcement, especially for young children, such as a packet of nuts, or small toys and reporting favourably about the child, to parents and others).
(d) Developing a carefully worked out procedure for teaching the child in steps likely to ensure success.
(e) Efforts were made to utilize the information obtained from the LUMDI test.

Each child had a specific configuration of scores on the factors measured on the LUMDI Test. Suitable approaches were used, as outlined in the manual of the LUMDI for dealing with children with specific traits related to underachievement. These treatment procedures were followed by all concerned in the remedial process, (parents, teachers and psychologist).

No.3 <u>The Psychologist's Role</u>

The Psychologist played a limited role. His tasks were:

(a) To totally diagnose each child, intellectually, educationally and emotionally.
(b) Support the other members of the team and act as consultant, by developing specific procedures for modifying methods of teaching and

modifying certain behavioural traits responsible for underachievement as obtained on the LUMDI Test.

(c) Re-test a child monthly in the areas of underachievement, i.e., Reading, Spelling and Mathematics, and feed back the results to the child, the parents and the teacher.

(d) Treat the problem of long term frustration and anxiety or apathy, by ego therapy, systematic desensitization and psychotherapy.

(e) Co-ordinate the other members of the team.

(f) Re-assess the children at the end of the experiment.

(g) Follow-up the cases six months later to ascertain whether the progress was being maintained.

(h) Give the child perceptual training exercises when necessary. This includes pattern copying, jigsaw puzzles, using the Lowenstein Spatial Ability Developmental Scheme.

(i) Following up each child 5-10 years later, to determine whether long term progress had been maintained.

RESULTS

No.1 General Results of Survey of Underachievement

Table 1a provides information concerning the number of children in the Comprehensive and Primary School. Table 1b compares the number of underachieving children by School and differentiates by Sex.

Underachievement by School and Sex

Table 1a	
No. of children in Comprehensive School 1256	No. of children in Primary School 257

Table 1b	Comprehensive School		Primary School	
	Boys	Girls	Boys	Girls
School size	611	645	138	119
No. Underachieving	91	56	44	15
	14.9%	8.6%	31.9%	12.6%

The predominant age group for underachievement is between 11 and 15. The low figure for the younger age group is partly attributable to the immaturity of children in that area and the tendency of not referring very young children for this kind of problem. The low figures at the upper age limit are explained by the fact that many children who underachieve some will leave school after the age of 16, and possibly before.

Table 2

Underachievement by Age

Age	Number
5 to 7	0
7 to 9	20
9 to 11	39
11 to 13	62
13 to 15	60
15 to 17	14
17 to 18	11
	206

From the table 3 which follows it may be noted that the predominant intelligence represented in the sample was between 116 and 145.

Table 3

I.Q. Represented in Sample

Full Scale WISC or WAIS Intelligence Results	Number of Cases
85 - 110	35
111 - 115	22
116 - 130	71
131 - 145	53
145	25
	206

Most children investigated for underachievement were two to three years below their intellectual age in achievement. The achievement age expected was calculated by taking the difference between the mental age of the child and his mean achievement age in reading, mathematics and spelling as previously explained.

Table 4

Degree of Underachievement

Years of Underachievement	Number of Children
2 to 3 years	135
3 to 4 years	67
4 to 5 years	4
	206

A predominant number of children who are underachieving came from middle social economic backgrounds. This may be because parents whose income is above the national average, are likely to be more aware of the deficiencies of their children and expect reasonably good academic ability and achievement and seek help privately. There are, of course, many children from other backgrounds who also underachieve. This is not to say that children, therefore, of low social and economic background do not equally suffer from the problems of underachievement, but rather that there are other factors than emotional and motivational aspects acting to lower their achievement rates.

Table 5

Social and Economic Background

Father's Income	Number of cases
£1,000 to £2,000	15
£2,000 to £3,000	82
£3,000 to £4,000	71
£5,000 +	38
	206

RESULTS

No.2 Specific Results of Research

The Table which follows, compares the results gained by the experimental groups divided into Group A (the younger group) and Group B (the older group). It shows the gains made in months, in chronological age, reading age, spelling age, mathematics age, verbal I.Q., non verbal I.Q., and Full Scale I.Q. The I.Q. results were presented in gains and points, rather than in months, for both Group A and Group B.

Table 7 which follows, performs the same operation for the control groups A and B, and the same criteria.

Table 6

Summary of Diagnostic Assessment Testing: Means Before and After Treatment (After 6 Months)

Experimental Groups

	Group A			Group B		
Measured Variables	Before	After	Gains in Months	Before	After	Gains in Months
Chronological Age:	13.9	(14.3)	+6	16.2	(16.8)	+6
Reading Age:	10.4	(11.1)	+9	14.4	(15.0)	+8
Spelling Age:	9.7	(10.6)	+11	13.1	(13.9)	+8
Mathematics:	10.1	(10.9)	+8	13.9	(14.11)	+14
Verbal I.Q.	118	(122)	↓	116	(118)	↓
Performance I.Q.	109	(112)	↓	108	(109)	↓
Full Scale I.Q.	113	(117)	↓	111	(112)	↓
Total Gains in Months			28			30

Table 7

Summary of Diagnostic Assessment Testing: Means Before and After Treatment (After 6 Months)

	Control Groups					
	Group A			Group B		
Measured Variables	Before	After	Gains in Months	Before	After	Gains in Months
Chronological Age:	13.5	(13.11)	+6	15.9	(16.3)	+6
Reading Age:	10.6	(10.8)	+2	14.7	(14.9)	+2
Spelling Age:	9.4	(9.5)	+1	13.0	(13.2)	+2
Mathematics Age:	10.5	(10.7)	+2	14.1	(14.3)	+2
Verbal I.Q.	119	(119)		121	(119)	
Performance I.Q.	110	(112)		116	(117)	
Full Scale IQ	111	(112)		119	(118)	
Total Gains in Months			+5			+6

Table A summarises the main symptoms studied or observed by parents and teachers before treatment and compares this with the frequency of these symptoms, after treatment in the experimental group and in the control group.

Table 8

Summary of Symptom Observation by Parents and Teachers Before and After Treatment

(Observations were for a period of 5 days before and after treatment period.)

Types of Observed Behaviour	Frequency of Response			
	Experimental Group		Control Group	
	Before Treatment	After Treatment	Before Treatment	After Treatment
1. Giving Up	19	3	17	16
2. Excessive Need for having individual teachers' time	11	7	14	18
3. Seeking help from other children	14	12	17	19
4. Destructive behaviour towards property	8	1	6	11
5. Disruptive or Violent behaviour	7	1	11	17
6. Attempting to rationalise why not to do something	9	6	10	19
7. Lack of interest in task(s)	16	4	15	18
8. Indifference generally	17	10	20	27
9. Excessive smiling and laughing	7	5	11	10
10. Tendency to sulk easily	7	2	9	14
11. Tendency to whine and cry easily	5	2	4	7
12. Shouting to others and other verbal disruptive behaviour	14	5	16	24
Totals	134	58	150	200

Table 9 provides specific information based on the LUMDI Inventory as to why it showed the experimental children studied underachieved. The diagnostic categories (14) are set alongside the frequency with which they occurred.

Table 9

Reasons for Underachievement according to LUMDI Inventory

Diagnostic Criteria	Frequency Expressed based on Observed Average Scores
1. Too high standards	21
2. Too low standards	15
3. Obsessive compulsive behaviour	14
4. Poor educational attitudes	9
5. Submissiveness	22
6. Anti-authority attitudes	13
7. Impulsiveness	16
8. Psychosomatic features	2
9. Indentification problems	7
10. Depression	27
11. Parental attitudes	8
12. Pleasure principle, i.e., need for immediate satisfaction	3
13. Non-perseverance	32
14. Hostility	17

The major criteria for under-functioning at school are undoubtedly lack of perseverance, i.e., the inability to persevere, depression, setting standards somewhat too high, submissiveness and hostility. The LUMDI Test is useful to ascertain three or four traits likely to be responsible for each child in question, and to treat these in various ways when they have been established.

The most common approach to the problem of underachievement was a mixed or eclectic therapy. In many cases this meant a combination of behaviour therapy and psychotherapy. The therapy used depended to a large degree on the type of problem and the reaction of the child to the therapist using the procedure.

Table 10

Type of Treatment Used

Type of Treatment	Number of Cases
Behaviour Therapy (various)	24
Psychotherapy (Etiology centred)	6
Mixed or eclectic therapy	25
	65

The most common frequency of sessions were between 11 and 20. The reason for the therapy being completed is not necessarily due to the improvement of the child concerned, or the maximum improvement of the child concerned, but rather due to the fact that parents feel that sufficient achievement has been made to warrant it being discontinued. In some instances, treatment was broken off before much improvement had occurred.

Table 11

Length of time taken for Treatment

Number of Sessions Given	Number of Cases
1 to 5	9
6 to 10	14
11 to 20	25
20 to 30	17
	65

The table which follows (Table 12) indicates that on the whole, many children improve as a result of treatment, but that the more sessions that could be provided, the more likelihood there was of such improvement.

The categories measuring success attained, were defined as follows:

No.1 Very improved, meant reaching standards of educational and/or vocational achievement, appropriate to intellectual ability.

No.2 Improving, compared with initial achievement level, but still below expected academic or vocational goals that might have been attained.

No.3 No change, ~~meant~~ a deterioration may be defined as remaining at approximately the same level as when first assessed, or deteriorating from this initial level reached.

Table 12

Success Attained and Average Number of Sessions Required for Type of Improvement

Success Attained		Average Number of Sessions				Type of Improvement
		1-5	6-10	11-20	20-30	
1	Very Improved	2	7	14	16	39
2	Some Improvement	3	7	11	1	22
3	No Change or deterioration	4	0	0	0	4
		9	14	25	17	65

Most of the children seen for a variety of achievement problems and for varying periods of time continue to improve 5-10 years after the experiment had ceased.

Table 13

Follow Up After 5-10 Years of Experimental Group

Criteria of Improvement	Numbers
Very Improved	49
Some Improvement	14
Deteriorated or No Change	2
	65

CONCLUSIONS

No.1 The Survey established that there were large numbers of male and female underachievers.

No.2 The most commonly established age for underachievement was, 15, 17, followed by 13 - 15 and 11 - 13.

No.3 The most commonly presented I.Q's in order of frequency of underachievement were 116 - 130, followed by 131 - 145.

No.4 Most children in the Survey were 1 - 3 years underachieving.

No.5 Parents who had an average to an above average income, were more likely to have underachieving children, than relatively less wealthy or financially poorer parents. This was at least for reasons of emotional and motivational factors.

No.6 The partnership of teacher, parent and psychologist working together in which each contributed something, both to the diagnosis and the treatment, appeared to have excellent results in this six months study.

No.7 The experimental group improved academically and intellectually and behaved really, as well as emotionally, as a result of treatment received, compared with the control group.

No.8 The diagnostic categories of the LUMDI were useful for determining some of the treatment to be carried out.

No.9 Mixed, or Eclectic and Behaviour Therapy were the most commonly used methods.

No.10 The most common length of treatment was 11 to 20 sessions of 45 minutes per session.

No.11 The longer the treatment, the greater the chances of improvement.

No.12 The 5 - 10 year follow-up, showed the trend towards higher achievement continuing, and in some cases, achievement increased further.

DISCUSSION

This paper attempted to establish and to define, what achievement actually is and to consider the frequency with which it occurs, in two types of academic settings; a secondary Primary and a secondary (Comprehensive) School. Both schools contained a cross-section of children from a variety of social economic backgrounds.

The present study and the subjects that participated, are likely to be typical of many other schools and children studied. The incidence of under-achievement in schools throughout the country is likely to be staggering. Many children are simply not diagnosed, or not diagnosed early enough, are suffering from this condition. They are, therefore, frequently lost and do not appear as underachieving children at all. The result is a poor education for these children and a failure to realise their potential. This is a loss, both to themselves and the community in which they live.

Once the child's intelligence has been established by a psychologist through an individually administered test, we are in a position to judge the degree of underachievement. Added to this, should be an assessment of the basic skills of reading, spelling and mathematics, by using standardised tests.

Now, we can do several constructive things:

No.1 We should see the symptoms by which the child manifests its distress in perspective and ascertained objectively through the LUMDI Test. These symptoms must be treated, but so must the causes which produce them. Frequently, the initial cause of the problem may be lost; in this case, the habit, or anti-learning set, must be eliminated.

No.2 The teacher should be so constructive so that the child's success is inevitable. Gradually, more and more difficult, or advanced material can be developed for him to learn, ensuring again, both that he is successful and at the same time, challenged. Therefore, as his perseverance is increasingly tested, he becomes more capable of overcoming obstacles, or frustrations. In this way, two important things are happening simultaneously:

(a) that he is learning materials or facts.

(b) that he is learning how to learn, i.e., he learns that an attitude of diligence, perseverance and good teaching, pays off most of the time.

No.3 The co-operation of the parents must be obtained so that they can play a vital part in re-inforcing what is being done at school and by the psychologist, through praise, encouragement and sometimes through actual involvement in helping children at home with their work. This, is also, at least, partly the case for children who attend boarding schools during the long holidays where much can be carried out during this period.

No.4 The psychologist should play a part in diagnosing the problem initially, following up the progress made and feeding back the information to all those involved. He is a diagnostician, a therapist and a co-ordinator of the exercise of undoing the damage caused from underachievment in the past. His therapy consists essentially of reducing anxiety and negative patterns of behaviour in the child and substituting for this, constructive and positive approaches to achievement. The undoubted effect of personal, individual and specialist attention provided, is, in itself likely to give a boost to the ego of a child. The psychologist's role, in addition to this, is to counsel teachers and parents of under-achievers on what attitudes to adopt and which to develop.
A carefully worked out individual programme of learning skills, (reading, writing and spelling, as well as mathematics) must be developed and re-assessed every month.

On average, the psychologist sees a child initially, weekly for the first month and then every two weeks, and after a month, at monthly intervals. In rare cases he is involved more frequently and he should be available by telephone to "trouble shoot", should crises develop.

The partnership of teacher, parent and psychologist in helping children to achieve, is vital. Without such active partnership, with each concentrating on his area of competence, the child is likely to suffer academically and behaviourally. Like Most humans, the child needs certain basic requirements, before he has any chance of achieving according to his needs or ability. These include: (a) satisfying basic physical needs, (b) the child feeling he is accepted by the teacher of a class, (c) the teacher acting as a warm human being, (d) making the child feel adequate, (e) setting appropriate standards to promote security and adequacy, (f) making up for deficits at home by providing advantages at school, (g) improving parental attitudes, (h) setting realistic standards for the child.

Elaboration on these points will be provided in another paper.